

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001280

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 159

FILED FEB 5 1962

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> | | c. CITY OR TOWN <u>Ava</u> | |
| Length of stay in lb <u>5 wks.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Springfield Baptist</u> | | d. STREET ADDRESS (If outside, give location) <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

| | |
|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>R.</u> Last <u>Wilkinson</u> | 4. DATE OF DEATH Month <u>Jan.</u> Day <u>26</u> Year <u>1962</u> |
|--|--|

| | | | | | | |
|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|--|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>4-21-11</u> | 9. AGE (last birthday) <u>50</u> | IF UNDER 1 YEAR Months <u>50</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> | IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u> |
|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|--|--|

| | | | |
|--|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Machinery</u> | 11. BIRTHPLACE (City and state or country) <u>Toledo, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
|--|---|---|---|

| | | |
|--|---|--|
| 13a. FATHER'S NAME <u>Elmer Wilkinson</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown/ Sadie German</u> | 14. NAME OF HUSBAND OR WIFE <u>Jessie Wilkinson</u> |
|--|---|--|

| | | |
|--|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>[Redacted]</u> | 17. INFORMANT Address <u>Jessie Wilkinson, Ava, Mo.</u> |
|--|--|---|

| | | |
|---|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> |
| DUE TO (b) <u>Causes unknown</u> | | |
| DUE TO (c) _____ | | |

| | | | |
|---|--|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
|---|--|--|--|

| | | |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
|---|---|--|

| | |
|---|-------------------------------------|
| 20c. TIME OF INJURY Hour <u>5</u> a.m. <u>0</u> p.m. | Month, Day, Year <u>12/27/61</u> |
|---|-------------------------------------|

| | | | |
|---|--|---|--|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <u>Thornfield, Missouri</u> | COUNTY <u>Thornfield</u> STATE <u>Missouri</u> |
|---|--|---|--|

| | |
|---|--|
| 21. I attended the deceased from <u>12/27/61</u> to <u>death</u> and last saw her him alive on <u>day of death</u> Death occurred at <u>5: A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | |
|---|--|

| | | |
|---|---------------------------------------|------------------------------------|
| 22a. SIGNATURE <u>Lois T. Newf</u> (Degree or title) <u>MO</u> | 22b. ADDRESS <u>Springfield Mo</u> | 22c. DATE SIGNED <u>1/29/62</u> |
|---|---------------------------------------|------------------------------------|

| | | | |
|--|-----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>1-28-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Thornfield</u> | 23d. LOCATION (City, town, or county) (State) <u>Thornfield, Missouri</u> |
|--|-----------------------------|---|--|

| | | |
|--|--|---|
| 24. FUNERAL DIRECTOR <u>Linkingbeard Funeral Home, Ava, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>1-31-62</u> | 26. REGISTRAR'S SIGNATURE <u>Effie E. Melton</u> |
|--|--|---|

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO.
SHOULD READ

JUN 4 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lewis G. Schaff

Licensed Embalmer No. 3802

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.